

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

 (Π) check if this is an amendment and name has changed, and indicate change)

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response . . . 1.00

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
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Verux Fund, LP (the "Issuer")	and is an americanion and name has ci	anged, and indicate cr	ange.)	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: New Filing	g 🗖 Amendment			
	A. BASIC IDENTIFICA	ION DATA		
Enter the information requested about the	issuer			
Name of Issuer (che	eck if this is an amendment and name	nas changed, and indica	ate change.)	03005231
Address of Executive Offices (No. 45 East Putnam Avenue, Suite 118, Great Putnam Avenue, Suite	umber and Street, City, State, Zip Code eenwich, Connecticut 06830	7	phone Number (Incl) 862-9095	luding Area Code)
Address of Principal Business Operations (if different from Executive Offices) Same			phone Number (Incl e as above	luding Area Code)
Brief Description of Business To preserve capital by maintaining a si to exploit pricing and market inefficien		grow capital through	opportunistic stra	tegies that attempt
Type of Business Organization ☐ corporation ☐ business trust	Iimited partnership, alread☐ limited partnership, to be formula.	y formed	other (please speci	PROCESSED
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizati	or Organization: Month/Ye November 2	ar 002 ⊠ Act vice abbreviation for St		HER 0 4 5003
GENERAL INSTRUCTIONS				FINANCIAL

Name of Offering

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filled with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDEN	TIFICATION DATA	en Education Surface				
2. Enter the information requested for the f	•						
 Each promoter of the issuer, if the i 							
 Each beneficial owner having the p of the issuer; 				, ,			
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner			
Full Name (Last name first, if individual) Verux Partners, LLC (the "General Partner	r'')						
Business or Residence Address (Numb 45 East Putnam Avenue, Suite 118, Green	per and Street, City, State, Z wich, Connecticut 06830	Žip Code)					
Check Box(es) that Apply □ Promoter	☐. Beneficial Owner	🗷 Executive Officer	Director :	☐ General and/or: Managing Partner: ↓			
Full Name (Last name first, if individual) Kratky, Thomas D.							
Business or Residence Address (Numb c/o Verux Partners, LLC, 45 East Putnam			Marie San Carlos San C	in the state of th			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner .	☐ Executive Officer	□ Director	☐ General and/or : Managing Partner:			
Full Name (Last name first; if individual);							
Business or Residence Address (Number	per and Street, City, State, 2	ip Code)					
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Numb	ber and Street, City, State, 2	Zip Code)	***************************************				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director.	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Numb	per and Street, City, State, Z	ID CODE)					

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								
Answer also in Angendiy, Column 2, it filing under HI OF		Yes No D ⊠						
What is the minimum investment that will be accepted from any individual?	, ment of the minipper and producting and the second and the secon							
* Subject to waiver by the General Partner.		\$* 250,000						
3. Does the offering permit joint ownership of a single unit?	••••••	Yes No ⊠ □						
4. Enter the information requested for each person who has been or will be paid or given, directly or i								
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the								
offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are								
associated persons of such a broker or dealer, you may set forth the information for that broker or dea								
Full Name (Last name first, if individual) Not applicable.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		<u> </u>						
(Check "All States" or check individual States)		□ All States						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL]	[GA] [HI	[ID]						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI]	[MN] [M							
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV]	[OK] [OI							
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] Full Name (Last name first, if individual)	[VVI] [VV	1 [PK]						
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
(Check "All States" or check individual States)		☐ All States						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL]	[GA] [HI							
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI]	[MN] [M							
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV]	[OK] [OI [WI] [W							
Full Name (Last name first, if individual)	[17] [17	1] [[1]						
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	(Check "All States" or check individual States)							
		All States						
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL]	[GA] [HI	[ID]						
(Check "All States" or check individual States)	[GA] [HI [MN] [M [OK] [OI	[] [ID] S] [MO]						

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate the columns below the amounts of the 	
securities offered for exchange and already exchanged.	
Offering Price	ount Already Sold
Debt\$ <u>0</u> \$	<u>0</u>
Equity:\$ <u>0</u> \$	<u>0</u>
☐ Common ☐ Preferred Convertible Securities (including warrants):	a
Partnership Interests	<u>0</u>
Other (Specify)	0 0 0
Total	<u>ū</u>
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	
Number Do	Aggregate ollar Amount f Purchases
Accredited Investors	5,200,000
Non-accredited Investors <u>0</u> \$	<u>o</u>
Total (for filings under Rule 504 only)	N/A
Answer also in Appendix, Column 3, if filing under ULOE.	
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Type of Do	ollar Amount
Security	Sold
Rule 505	N/A
Regulation A N/A \$ Rule 504 N/A \$	<u>N/A</u> N/A
Total	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	
Transfer Agent's Fees	<u>0</u>
Printing and Engraving Costs	2,500
Legal Fees	35,000 7,500
Engineering Fees	0
Sales Commissions (specify finders' fees separately)	<u>0(b)</u>
Other Expenses (Filing Fees)	<u>5,000</u> 50,000

⁽a) Open-ended filing; estimated maximum aggregate offering amount.

⁽b) No sales commissions are being paid at this time. However, the General Partner or an affiliate of the General Partner may pay fees to properly registered persons who are instrumental in the sale of interests in the Issuer. Any such fees will in no event be payable by or chargeable to the Issuer or any limited partner or prospective limited partner.

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	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENS	ES AND U	JSE OF F	ROCI	EEDS	\$	
4.	 b. Enter the difference between the aggregate off 1 and total expenses furnished in response to Part gross proceeds to the issuer." 	t C - Question 4.a. This differen	ce is the "ac	djusted			\$	999,950,000
5.	Indicate below the amount of the adjusted gross properties of the purposes below. If the amount for a check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response	any purpose is not known, furnis of the payments listed must equ	h an estima ual the adju	ite and				
				Paymen Office Director Affiliat	rs, s, &			Payments to Others
	Salaries and fees		×	\$	<u>o</u>	X	\$	<u>0</u>
	Purchase of real estate		X	\$	<u>o</u>	X	\$	<u>0</u>
	Purchase, rental or leasing and installation of m	achinery and equipment	\boxtimes	\$	<u>o</u>	X	\$	<u>0</u>
	Construction or leasing of plant buildings and fa	cilities	\boxtimes	\$	<u>o</u>	X	\$	<u>0</u>
	Acquisition of other businesses (including the va offering that may be used in exchange for the a issuer pursuant to a merger)	assets or securities of another	X	\$	<u>o</u>	×	\$	<u>o</u>
	Repayment of indebtedness		×	\$	<u>o</u>	X	\$	<u>o</u>
	Working capital		×	\$	<u>o</u>	X	\$	<u>o</u>
	Other (specify): Portfolio Investments		×	\$	<u>o</u>	X	\$	999,950,000
	Column Totals		×	\$	<u>o</u>	X	\$	999,950,000
	Total Payments Listed (column totals added)		×		\$ <u>9</u> 9	99,95	0,0	00
		D. FEDERAL SIGNATURE						
-				16 AL : L		1 - 4		- D. J 505 H
fol	e issuer has duly caused this notice to be signed by lowing signature constitutes an undertaking by the quest of its staff, the information furnished by the iss	issuer to furnish to the U.S. S	Securities ai	nd Exchan	ge Coi	mmis	sio	n, upon written
	uer (Print or Type) rux Fund, LP	Signature		Date //	29/0	3		

ATTENTION

Title of Signer (Print or Type)
Managing Member of General Partner

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Name (Print or Type) Thomas D. Kratky